



## REGISTRATION FORM – MAIL/DROP-OFF/EMAIL

Mail/Drop-off to: Waukesha Parks, Recreation, & Forestry Dept., 1900 Aviation Drive, Waukesha, WI 53188

Email to: prf@waukesha-wi.gov

(Make additional copies of this form as needed)

**Please print and fill out form completely.**

### 1 Registering Adult (Parent or Guardian)

Payee Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
(Last name, first name)

Home Phone \_\_\_\_\_ Work/Day Phone \_\_\_\_\_ Cell-Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: M F Emergency Contact & Relationship \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_  
(Month, Day, Year)

Special Considerations (medications, disabilities, etc.) \_\_\_\_\_ ☐ Please check if special accommodations are required.

If more than one parental home or other special circumstance, give name, address, home/work phone : \_\_\_\_\_

### 2 Fill in programs for each participant in your immediate household ONLY!

						YOUTH SPORTS ONLY!		
Participant Name(s) (Last name, first name)	Code	Activity Name	Date of Birth	Grade '22-'23	Gender M/F	School Attended '22 - '23	T-Shirt Size	Fee
1								\$
2								\$
3								\$
4								\$
5								\$

### 3 Authorization to participate and for Emergency Medical Treatment

I, as participant or parent/legal guardian of the above named child, hereby give permission for his/her/my participation in the above listed activity(ies). I further authorize, without my prior approval, the rendering of any emergency medical treatment that may be necessary due to his/her/my participation in the activity(ies).

Sub-Total	\$ _____
Credit From Account	\$ _____
"Round Up" *	\$ _____
Total Amount	\$ _____

Participant/Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### 4 Volunteer Information

I am willing to volunteer: (please circle)

Coaching Assistant Coaching

Other: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**\* Round Up Program**  
Rounding up your activity fee helps us provide financial assistance to individuals and families in need.

### 5 Payment Information: Make checks payable to WPRF

☐ Cash ☐ Check/Check# \_\_\_\_\_ ☐ \*Credit Card  
(MasterCard, VISA, Discover, American Express)

\*If paying by credit card: Once the form is received and processed an emailed response will be sent indicating payment is ready to be accepted via phone. Upon receipt, you will have three (3) business days to call the office with payment. If you do not pay within that time frame your registration will be removed from the system and you will have to re-submit, or you are welcome to register online.

### 6 Any Service Improvement Suggestions?

### 7 I wish to receive an emailed WPRF Monthly Newsletter.

☐ Yes ☐ No

Receipt ID \_\_\_\_\_ Rcvd via: Mail Drop Box Email  
Date Rcvd: \_\_\_\_\_/Date Processed: \_\_\_\_\_ (Circle one) In Person Fax